INDIANA COMMISSION ON EXCELLENCE IN HEALTH CARE

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MEETING MINUTES[1]

Meeting Date:	**August 16, 2004**
Meeting Time:	**1:30 P.M.**
Meeting Place:	**State House, 200 W. Washington St., the Senate Chambers**
Meeting City:	**Indianapolis, Indiana**
Meeting Number:	**1**

Members Present: **Sen. Patricia Miller, Chairperson; Sen. Gary Dillon; Sen. Allie Craycraft; Sen. Earline Rogers; Rep. Charlie Brown; Rep. Vaneta Becker; Amy Brown.**

Members Absent: **Rep. Peggy Welch; Rep. Timothy Brown.**

Senator Miller (Chairperson) called the meeting to order at 1:35 p.m. and received final reports from the Patient Safety, Long Term Care, and Health Care Data and Quality Subcommittees.

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[1] Exhibits and other materials referenced in these minutes can be inspected and copied in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for copies may be mailed to the Legislative Information Center, Legislative Services Agency, 200 West Washington Street, Indianapolis, IN 46204-2789. A fee of $0.15 per page and mailing costs will be charged for copies. These minutes are also available on the Internet at the General Assembly homepage. The URL address of the General Assembly homepage is http://www.ai.org/legislative/. No fee is charged for viewing, downloading, or printing minutes from the Internet.

Eleanor D. Kinney, J.D., Chairperson, Patient Safety Subcommittee

Ms. Kinney distributed a copy of the Patient Safety Subcommittee's final report. (Exhibit #1) She stated that the Subcommittee has met periodically since November 2001 and has reviewed recent reports and various governmental and private sector initiatives. The Subcommittee issued findings and recommendations in the following three patient safety areas:

- **The administration of office based anesthesia.** In response to patient demand, improved technology, and cost concerns, many procedures that were once performed in a hospital are now performed in an ambulatory surgical center (ASC) or a physician's office. The annual number of procedures performed in an ASC has increased 220% in the last decade. The exact number of procedures performed in physicians' offices is not known in Indiana and many other states because of a lack of state regulation or oversight. As of April 2004, seventeen states had some form of regulation or guidelines for office based surgery.
- The Subcommittee recommended that the Medical Licensing Board of Indiana adopt rules concerning minimum standards for in-office procedures that require certain types of sedation or anesthesia.
- **The State's management of patient safety complaints and other reports about patient safety.** Reports indicate medical errors reduce patient safety. The Subcommittee concluded that reforms to the medical licensure and disciplinary authority can reduce errors. The Subcommittee's recommendations included:
- Consolidating investigation and enforcement of patient and other complaints against physicians.
- Streamline adjudication of complaints with increased use of administrative law judges.
- Streamline evidentiary rules in the adjudication of complaints.
- Establish a voluntary education, training, and supervision program for physicians with problems with patient safety.
- Amend the medical licensing law to conform to the Federation of State Medical Boards Model State Practice Act (e.g. allow the Board to receive, review, and investigate complaints at all stages, establish budgets, and retain medical licensing fees in an account to operate the board's activities.)
- **The regulatory programs concerning the provision of attendant care services.** The Indiana State Department of Health and the Family and Social Services Administration are currently finalizing a Memorandum to coordinate these efforts.

Stephen L. Albrecht, Member, Long Term Care Subcommittee

Mr. Albrecht presented the Long Term Care Subcommittee's final report. (Exhibit #2) The Subcommittee identified the following barriers to Indiana's long term care system:

- Financial eligibility standards for the federal Aged and Disabled Waiver, Assisted Living Waiver, and Traumatic Brain Injury Waiver.
- Lack of spousal impoverishment protection for all Medicaid Waivers.
- Money currently does not follow the person receiving Medicaid services.
- The lack of incentive for people to use their own funds in the long term care system.
- The lack of an informal unpaid care giver program.
- The current system does not provide a full array of long term care services.

- The state's nursing facilities have an occupancy rate of 75% compared to a national average of 90% occupancy.
- The state long term care infrastructure needs to be reinforced.

Legislation has passed over the last couple years to address several of these problems. However, some legislation (e.g. SB 493-2003) has not been fully implemented. The Health Finance Commission will be looking at these issues at a meeting this summer.

In response to questions from the Commission, Mr. Albrecht said the state could create a bonding system that would help nursing homes get out of the long term care system or enable them to change the types of services that they offer.

Sam Nussbaum, M.D., Chairperson, Health Care Data and Quality Subcommittee

Dr. Nussbaum distributed copies of the Health Care Data and Quality Subcommittee's report (Exhibit #3). Dr. Nussbaum stated that nationally there has been significant movement in recent years to improve health care quality. A recent report on the U.S. health care system found 55% of health care is "good" when determined against benchmarks for the delivery of evidence-based and preventive care services.

The Subcommittee decided to narrow the focus of its recommendations to the most important areas to improve health care in the state. The Subcommittee made three recommendations in the following areas:

- Preventive care measures. Institute a complete immunization registry that would focus, initially, on childhood immunizations.
- Disease management registry for chronic illnesses. The registry would begin with diabetes and asthma which already have clearly defined approaches to optimal medical care.
- Hospital quality reporting. Begin with 5-10 quality control measures, with initial measurements focusing on cardiac care and pneumonia care.

In response to questions by the Commission:

- William Wishner, M.D., Indiana State Department of Health, stated that although obesity is a problem in the state the treatment for the problem is not as clearly defined as for many other chronic illnesses.
- Dr. Nussbaum stated that health data and registries help physicians treat and educate their patients.

Greg Wilson, M.D., Commissioner, Indiana State Department of Health (ISDH)

Indiana currently has a voluntary immunization registry system for the Medicaid program. This system has improved Indiana's immunization rates. The system needs to be expanded to receive information from the private sector of the health care system. A good immunization registry includes an integrated network to receive and share data. Dr. Wilson noted that the ISDH is working with the Indiana Hospital and Health Association to develop a hospital report card.

Beverly Richards, Chairperson, Health Care Professionals Subcommittee

Dr. Richards stated, that based on previous recommendations made by the Health Care

Professionals Subcommittee, a manual entitled "New Health Profession Board Member Manual" has been created. This manual, along with a Power Point presentation, will be used in an orientation class for all new health profession board members.

Senator Connie Lawson, State Senator, District 24

Sen. Lawson said that she introduced a Senate Resolution last year to raise the awareness of issues concerning cervical cancer. Indiana has taken positive steps to make women aware of the risks and treatments regarding cervical cancer. Cervical cancer used to be the number one cancer killer of women. It has now dropped to the number 13 cancer killer of women. Cervical cancer is curable if caught early enough. Certain risk factors increase the chance of developing cervical cancer (e.g. human papillomavirus infection, smoking, obesity).

Michael Wade, Cancer Control Manager, American Cancer Society

Mr. Wade stated that he works to facilitate the various cancer programs among members of the Indiana Cancer Consortium (ICC). The ICC is comprised of 110 public and private organizations. The ICC has eight priority areas (e.g. prostate and cervical cancer) and has advisory panels for each area. The advisory panels will be releasing goals and objectives (e.g. prevention, screening, and treatment) on October 20, 2004.

Marilyn Graham, M.D., Associate Professor, Clinical Obstetrics and Gynecology, Indiana University School of Medicine

Dr. Graham stated that cervical cancer should be almost preventable. However, there are ethnic and racial issues that do not assure access. Hispanics have a higher rate of cervical cancer than the black population. Caucasians have the state's lowest rate. Indiana's Hispanic population is increasing quickly. Many women have access to health care services during child-bearing years but the number of uninsured and underinsured women rises later in life. Many Hispanic women who are screened cannot get follow-up care due to citizenship issues. The American Cancer Society no longer has a goal for annual testing by all women but rather increased targeted testing based on the woman's risk level and past test results. There is a new cervical cancer test that is capable of detecting precancerous cells. However, the cost of the test is about 2-3 times the cost of the current test procedure.

In response to questions from the Commission, Dr. Graham stated the following:

- If contraceptive pills become over-the-counter the number of women who will be screened for cervical cancer will decline.
- Women who are the least likely to need cervical cancer screening (i.e. low risk women) usually get the best screening. The group that needs screening the most are women over 40 who have engaged in high risk activities.
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Victoria Champion, DNS, RN, FAAN, Director of Cancer Control, Indiana University Cancer Center

The incidence of breast cancer in Indiana is lower than the national average. However, the

mortality rate for breast cancer in the state is higher than the national average. Experts do not know why this is so. The Caucasian, African-American, and Hispanic population groups are all screened at a rate of about 55% annually. However, the mortality rate among African-Americans is much higher. About 92% of all women have had at least one mammogram in their lifetime. Although the incidence of breast cancer increases with age, older women have a lower rate of screening. Most women seek screening based on the recommendation of their health care provider. The public and physicians need more education on the breast cancer risk status of women.

In response to questions from the Commission, Dr. Champion stated the following:

- Quality breast cancer treatment is needed in rural counties.
- One study has suggested that the higher mortality rate among the African-American population may be a result of seeing less qualified health care providers.
- More African-Americans need to participate in clinical trials.

Steven D. Williams, M.D., Director, Indiana University Cancer Center

Dr. Williams stated that each year in Indiana 5,000 men will be diagnosed with prostate cancer and about 700 men will die. The leading risk factors for prostate cancer are family history and age. African-Americans have about twice the rate of prostate cancer as other population groups. Current treatment options include radiation and surgery. Some diagnosed cases are just monitored. There can be both physical and psychological side effects from prostate cancer treatment. Information obtained from autopsies indicates that about 75% of all men in their 80's have prostate cancer although many of these men did not experience any prostate related problems before they died. The current test that is used to detect prostate cancer is a blood test called the prostate specific antigen (PSA) test. Unfortunately, the PSA test gives many false positive and false negative results. Testing is not suggested for people who have a life expectancy of less than 10 years.

Barb Levy Tobey, Director, Office of Women's Health, ISDH

Ms. Tobey distributed a pamphlet that is being used to educat women about human papillomavirus (HPV) infections. (Exhibit #4) The pamphlet is used to explain HPV's link to cancer and how HPV can be diagnosed, and to provide information on prevention.

Zach Cattell, Legislative Liaison, Indiana State Department of Health

Mr. Cattell stated that the Indiana Breast and Cervical Cancer Program is a federally funded program. Money in the program comes from the Cancer Control Grant. Money is used for cancer screening. Women with low income and lower educational levels are targeted to be screened. The state divides the program into different geographical areas with a manager assigned to each area.

The Commission meeting was adjourned at 3:45 p.m.